

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90359 011 ***150.00

DOCUMENT # 839556

1. Entity Name
TESINC, INC.



Principal Place of Business
**2150 E HIGHLAND AVENUE
STE 212
PHOENIX AZ 85016
US**

Mailing Address
**2150 E HIGHLAND AVENUE
STE 212
PHOENIX AZ 85016
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0223588**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VOCHATZER, HAROLD**
STREET ADDRESS **2150 E. HIGHLAND, SUITE 212**
CITY-ST-ZIP **PHOENIX AZ 85016**

TITLE **S** ☒ Delete
NAME **TILLER, MARC**
STREET ADDRESS **4440 PGA BLVD STE 600**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☒ Delete
NAME **ADAMS, LOUIS W JR**
STREET ADDRESS **3108 VISTAMAR STR #7**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DV** ☒ Delete
NAME **PLEDGER, THOMAS R.**
STREET ADDRESS **4440 PGA BLVD STE 600**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **T** ☐ Delete
NAME **DUNN, RICHARD**
STREET ADDRESS **4440 PGA BLVD SUITE 600**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Richard L. Dunn**
STREET ADDRESS **4440 PGA Blvd #500**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE **D** ☐ Change ☒ Addition
NAME **Steven E. Nielsen**
STREET ADDRESS **4440 PGA Blvd #500**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VP** ☐ Change ☒ Addition
NAME **William J. Ptak**
STREET ADDRESS **5118 N. Southst #110**
CITY-ST-ZIP **Tampa FL 33610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)